



WHN - a regional resource for our consumers, families and stakeholders, committed to providing leadership and effective management to promote quality outcomes.

Serving Buncombe, Henderson, Madison, Mitchell, Polk, Rutherford, Transylvania and Yancey Counties

1915(b)(c) Medicaid Waiver Update

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Director of Medicaid Operations

Our Challenges

Be the first to expand the 1915(b)(c) Medicaid Waiver beyond the PBH counties.

1st – DO NO HARM.

Communicate clearly with DMA regarding the “details” of the LME/MCO-DMA Contract.

Meet two Mercer Readiness Reviews.

Agree upon a Per Person/Per Month (PMPM) that will sustain the MCO through the unknowns beyond the original Medicaid Paid Claims data.

Waiver Goals

Increase Access

Assure Quality

Cost Effectiveness

Survival Survival Survival

NO Contracted Providers

NO Services/Supports

NO Authorizations

NO Billing/Reimbursements

NO MEDICAID WAIVER

Staffing Changes

Staffing Activity as of May 1, 2012

Program	Budgeted Positions as of Jan. 1, 2012	All Positions		New Waiver Positions		New Waiver Care Coordination Positions	
		Filled	Vacant	Filled	Vacant	Filled	Vacant
Administration	7	7	0	1.4	0	0	0
Human Resources	4	4	0	2	0	1	0
Information Systems	13	13	0	3	0	2	0
Business Department	24	24	0	9	0	1	0
Quality Mgmt	8	5	3	3	2	0	0
Consumer & Community Relations	15	14	1	9	1	0	0
Provider Network Operations	18	18	0	6	0	0	0
Access Department	19.35	18.35	1	3	1	0	0
Utilization Mgmt	39	39	0	14	0	0	0
Care Coordination	48	47	1	0	0	47	1
Total	195.35	189.35	6	50.4	4	51	1

Staffing Changes

Terminations Since January 1, 2012 through April 13, 2012

Department	Staff Terminated	Reason for Termination	Average Months of Service
Care Coord	2	1 Dismissed, 1 Resigned	3.3
Access	2	1 Dismissed, 1 Other employment	7.08
CM/UM	1	Other employment	5
CCR	1	Other employment	2.63
Total	6		4.50

Access: 1 employee resigned to work in clinical setting

CM/UM: employee left to work closer to home

CCR: employee was offered a job utilizing her specific degree/experience

Network Stability Maintained

23 Licensed Professionals

- 4 From WHN Network (*1=3 month break*)

- 6 From Other LMEs

- 8 From Out-of-State

- 3 Self-Employed

- 2 ADATC

Staff Workload

- Access (Call Center) – 4500/month -> 6500/month
- UM/CM – 2500 auths/mth -> 7000/mth
 - Decisions MUST be made in 14 days.
 - WHN used to be 2-3 days.
 - Child Residential Team managing 400 youth (\$77,500/day) in services

Staff Workload↑↑

- CAP -> Innovations = 850↑ in Reviews
- Care Coordination – model calls for I/DD ratio 1:40 – now at 1:60
- ↑ Reconsiderations for Comm & Consumer Relations

Treatment Auth Requests (TARs)

	Jan 2012	Feb 2012	Mar 2012
# Reviewed	10,640	6,657	5,830
# Reviewed in 14 Days	9,242	5,830	5,009
Compliance Rate (Goal is 95%)	86.9%	87.6%	85.9%
Avg # Days to Review	10	10	12
Total # Approved	9462	5817	5341
Total # Denied	1152	811	476
% Denied	10.83%	12.18%	8.16%
Denied Due to Medical Necessity	2	8	5

Grievances/Complaints

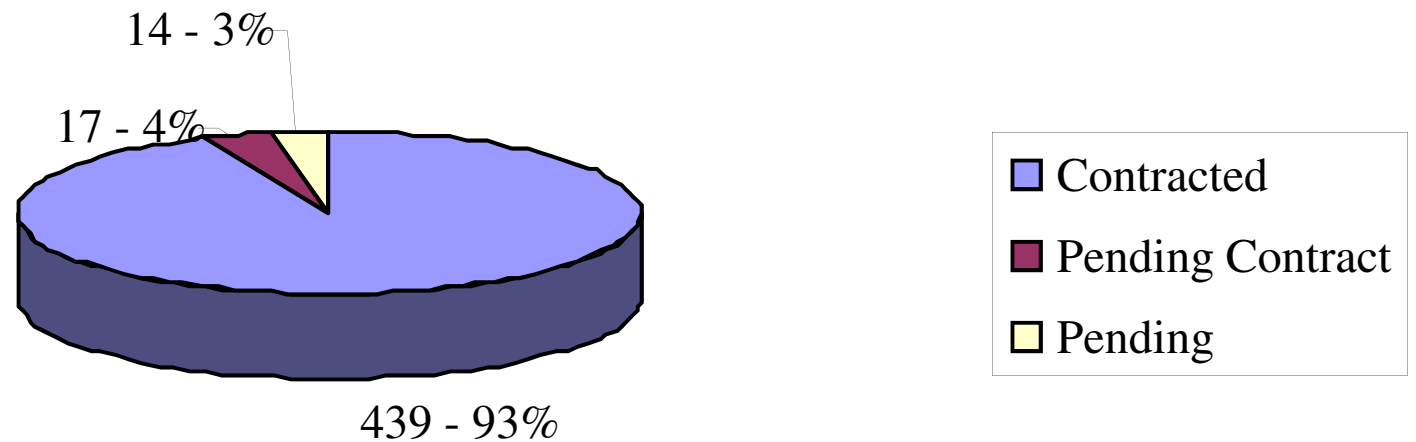
- October - December 2011
 - Average = 6/month
- Jan – Mar 2012 TOTAL = 39
 - Average = 9/month
 - *All but 5 were Consumer Grievances/Complaints about Providers.*
- % Resolved in 30 Days
 - 2/12 = 75% ... 3/12 = 89% ... 4/12 = 92%

Adverse Letters/Reconsiderations

- Jan 2012
 - 3 Letters & 0 Reconsiderations
- Feb 2012
 - 16 Letters & 2 Reconsiderations
- Mar 2012
 - 34 Letters & 8 Reconsiderations
- 50% Reconsiderations Upheld
- All Letters → I/DD but 4 (2 = Non-Medicaid)

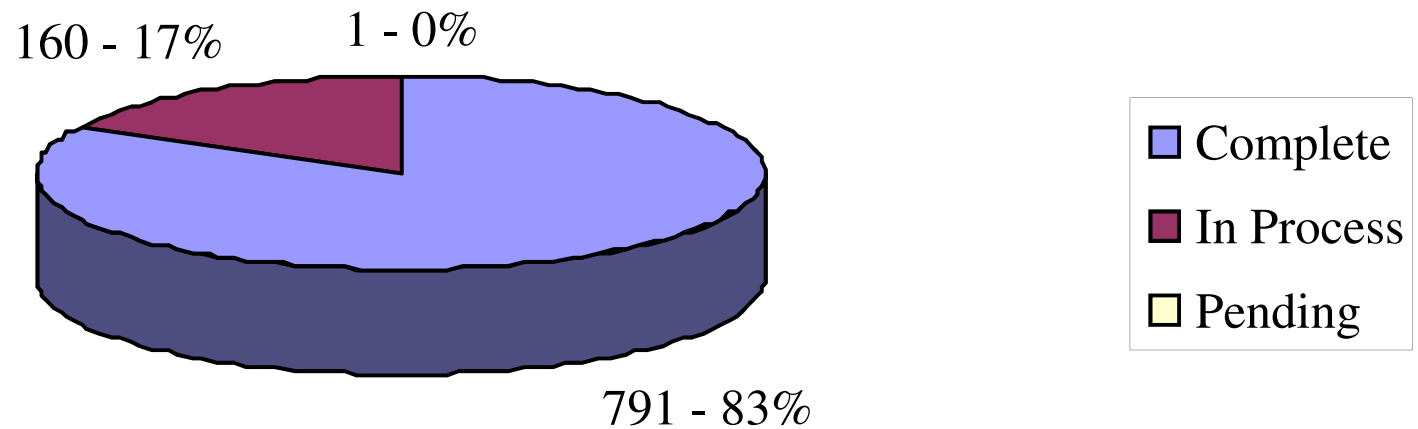
Provider Network Development

Enrollment Applications



Provider Network Development

Credentialing



Provider Network Development

Credentials	# of Practioners
CSAC	1
DO	1
LCAS	68
LCSW	174
LMFT	22
LPA	17
LPC	150
LPCA	26
MD	38
NP	15
PhD	50
PLCSW	38
PNP	3

PNO - Contracting

- # in WHN Network PRIOR TO Waiver =
221
- # in WHN Network AFTER Waiver =
470
- # in WHN Network DENIED Contract = **2**

Claims Processing Report

Total Medicaid	Jan 2012	Feb 2012	Mar 2012	TOTAL
Total # Claims Received	72,372	72,114	67,493	211,979
Clean Claims	62,835 86%	63,849 89%	53,516 80%	180,200 85%
	\$8.7 M	\$8.7 M	\$7.9 M	\$25.3 M
Pended Claims	45	54	0	99
	\$58 K	\$37 K	\$0	\$95 K
Approved But Unpaid Claims	410	695	416	1521
	\$280 K	\$455 K	\$238 K	\$973 K
Denied Claims	9,080 13%	7,496 10%	13,550 20%	30,126 14%
	\$1.2M	\$774 K	\$1.8 M	\$1.976 M

Top 5 Reasons for Denied Claims

Duplicate Service/Support Billed

Invalid Combo - Location NPI / Zip

Contract and/or Insurance not on file

No Authorization exists

Service/Support not in Benefit Plan

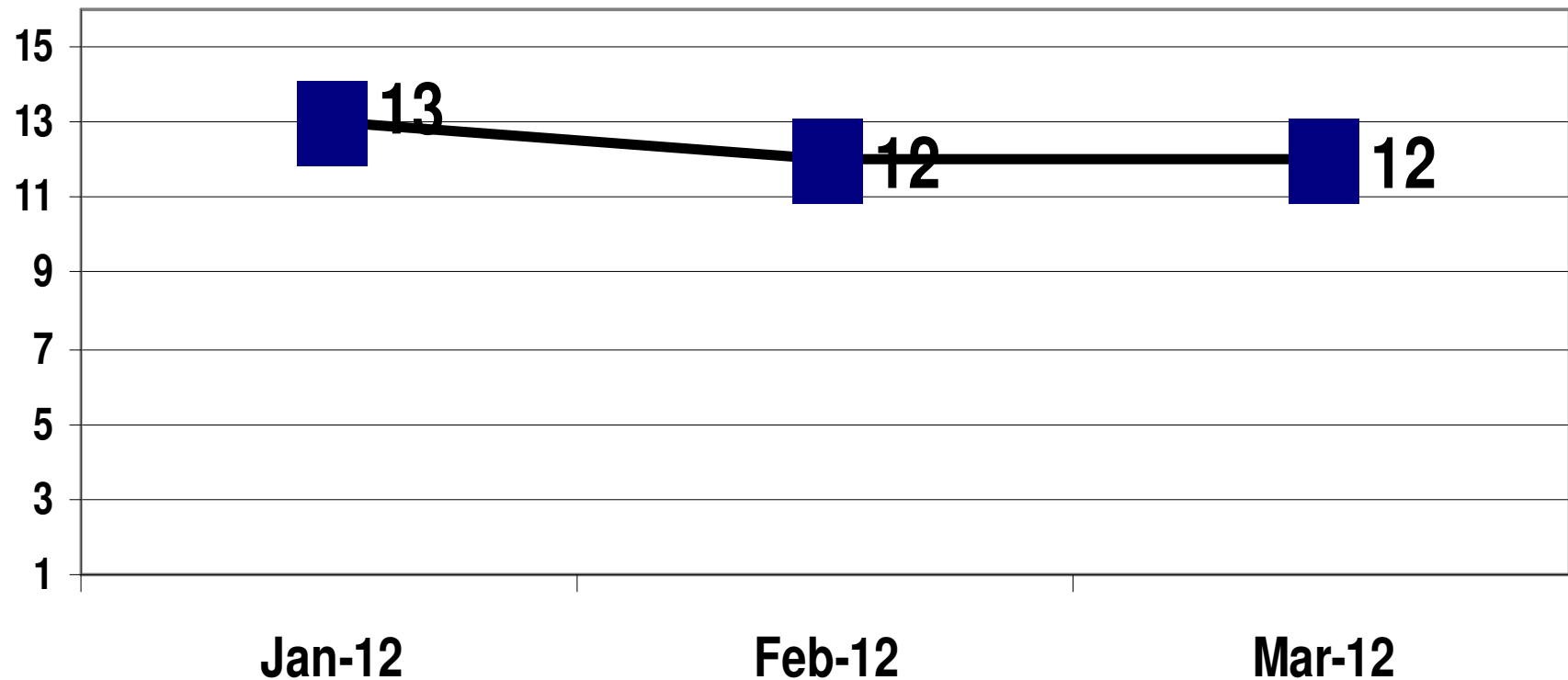
Claims Issues

- Some “Clearinghouses” want the MCO/LME to pay them a fee to process Medicaid Claims for their clients (providers).
- All Our Providers have the ability to bill WHN outside of the clearinghouses.
- We have offered accommodations to address this issue; DDE entry or paper.

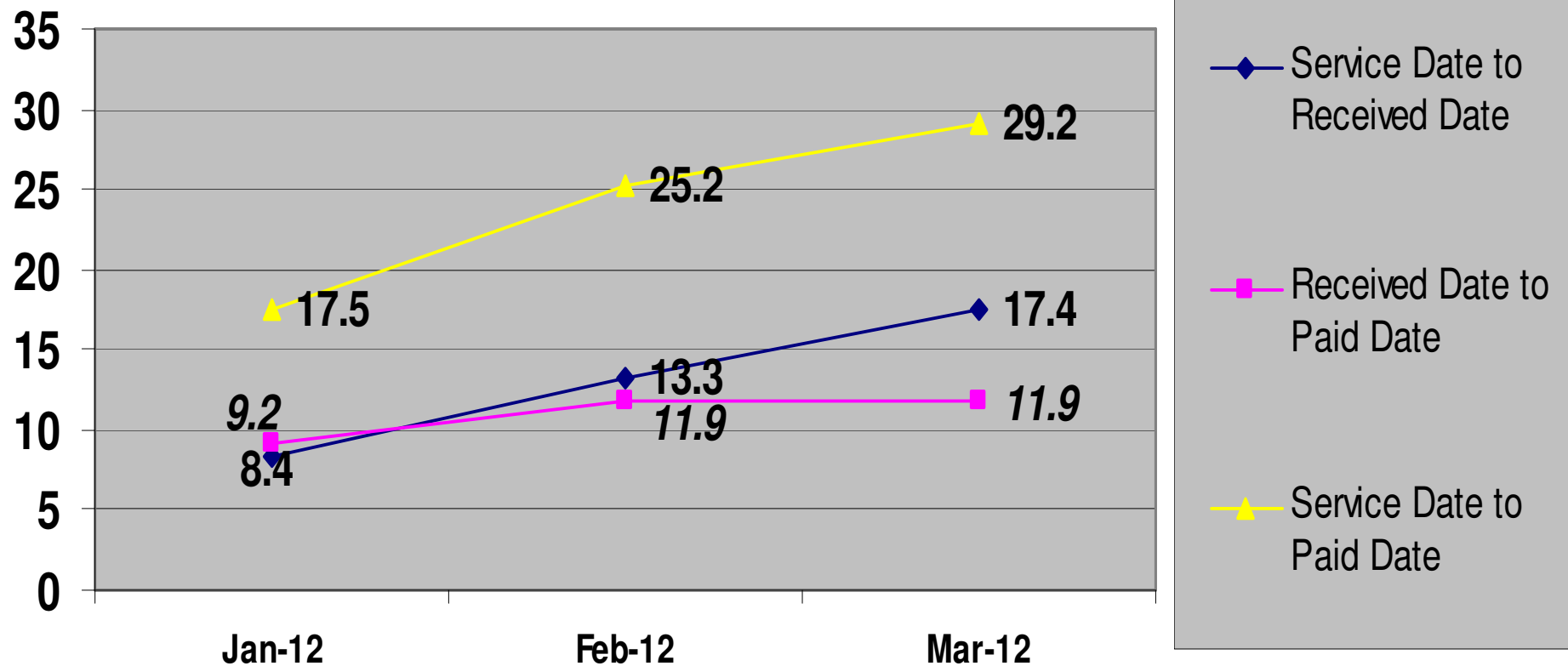
Claims Processing Chart



Days to Pay Clean Claims by Date of Service



of Days to Process & Pay All Claims



Unduplicated Count of Persons Served/10,000 Medicaid Eligible Consumers for PMPPM Categories of Aid

Month / Medicaid Eligibles	January 2012 81,426 (65,960 PMPPM)		February 2012 81,164 (68,071 PMPPM)		March 2012 80,921 (67,702 PMPPM)	
	# Served	Per 10,000	# Served	Per 10,000	# Served	Per 10,000
	5906	8.9	5820	8.5	4879	7.2

On-going Issues

- System-wide resistance to concept of Waiver / Managed / Accountable Care.
- Some providers unable to bill due to IT, Insurance, application requirements, clearinghouses.
- WHN staffing pattern to handle increased volume.

Western Highlands Network

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WHN Board Materials – monthly updates

<http://www.westernhighlands.org/whn-board/board-materials.html>

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